COVER SHEET

Researching Social Capital and Community Capacity in Child and Family Hubs: Insights for Practitioner-Researchers, Policy Makers and Communities

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Abstract

Worldwide evidence pinpoints the importance of effective early care and education services. Initiatives such as Head Start (United States) and Sure Start (United Kingdom) suggest that access to, awareness and responsiveness of community services are enhanced when services are integrated. We propose that service integration can also contribute to social capital and sense of community. This paper reports on research by a partnership of government and non-government agencies into the impact of Child Care and Family Support Hubs in Queensland, Australia. These community-driven hubs are a recent state government initiative designed to improve and integrate service provision, particularly in rural and disadvantaged communities. The paper reports on findings from the pilot work, the ACCESS Study (2000-2001), as well the ongoing three-year Queensland Hubs Study.

Background to the Research

We know from many sources that early childhood care and education (ECEC) services bring benefits to the lives of children and families (McCain & Mustard, 1999; Bertram & Pascal, 2001; Schweinhart & Weikart, 1997), and that intervening early by providing timely, relevant experiences to children and services support to families sets the best possible foundation for success (Sylva, Melhuish, Sammons, Siraj-Blatchford, Taggart & Elliot, 2003; Feinstein, 2003; Barnett, 1995). In response to widespread dissatisfaction among Australian families with service provision, several policy and services initiatives have emerged in recent years to address community perception of ECEC services as inflexible and out-of-touch with

the needs of contemporary families (EPAC, 1996; the Senate Inquiry into Early Childhood Education, 1996; the Queensland Child Care Strategic Plan, 1999). For the first time, Australia has in place a draft National Agenda for Early Childhood (2004) that highlights four key areas for activity: healthy young families; early learning and care; supporting families and parents; and creating child friendly communities. This document espouses integrated services as one way forward. Still, many families report that care and education services are inaccessible, irrelevant or inappropriate, fragmented or constraining. The work of developing more responsive services is only beginning and the challenges varied across rural, remote, regional and urban areas and populations.

In rural and remote areas of Australia inaccessibility of services is a primary concern for families (Bourke, 2000). Yet, in some of these areas, particularly in Aboriginal communities, over one-third of the population are children (Bureau of Rural Sciences, 2001). Lack of, or limited access to, services contributes to a range of negative outcomes for rural Australians including lower income levels, and higher rates of welfare dependency (Bureau of Rural Sciences, 2001), lower education levels and poorer health (Dixon & Welch, 2000). In addition, the social isolation that can result from living far from relatives and friends may deprive families of incidental encounters in the local neighbourhood that are a source of informational and emotional support. As Berkman and Syme (1999) found in the United States, lack of support from sources such as family, friends, workmates, health professionals or community organisations is associated with increased rates of mortality.

For some time now, programs such as the Head Start preschool program in the United States, along with initiatives in Canada, have successfully provided integrated health, education, social services, and parent education for low-income families (Connor, 2001; Johnson, 1993). More recently, similar initiatives have commenced in the United Kingdom with government releasing major funding through the Sure Start strategy. Under this strategy

one-stop support (childcare, health, education, employment and parenting support) through Children's Centres is being established along with formal adoption of a flexible system of 'educare'. By 2008, Children's Centres are to be in place in the 20% most deprived areas of England (Department for Education and Skills, 2004).

Key government departments in Australia have also begun to pursue service integration as means of ensuring better access to and delivery of services to families. For instance, the Australian Government's *Stronger Families Agenda* (2000) articulates the importance of cross-sectoral approaches to child and family services. In Queensland, the state Department of Communities oversees and funds the establishment of Child Care and Family Support Hubs (Hubs). These hubs are community driven-initiatives designed to improve access to and awareness of integrated care, education and health services to children and families. As noted by the Department, the Hubs are designed to:

- bring together services to meet the diverse needs of children and families within a community; and
- focus on the provision of child care and early childhood services, family and parenting support, health services, and community activities (Queensland Department of Families, 2001).

Because the mix of services and operational mechanisms are determined by local community members, each Hub is unique. Some are one-stop shops for service provision, while others link existing or planned services that operate from a variety of locations. Of the 24 Hubs, 19 are in rural, remote or regional areas of the state.

Social Capital

Australian government policies on child and family services also reveal a growing interest in the notion of social capital (i.e. social relations and networks based on trust and reciprocity). The Australian Bureau of Statistics (ABS) recently completed an analysis of

measures of social capital (ABS, 2004). According to writers such as Coleman (1988), Fegan and Bowes, (1999) and Jack and Jordan (1999), communities high in social capital, as evidenced by dense and complex social relationships, helpful information networks, clear-cut norms and perceptions of stability, have significantly higher levels of wellbeing than communities with limited social capital, as evidenced by alienation, fragmentation, intolerance and vulnerability. Social capital, claims Woolcock (1998), is what enables families and communities to *get by* or *get ahead.*

In Australia, social capital has been identified as one of five key resources used to gauge social and family well being and functioning (Zubrick, Williams & Silburn, 2000). Increasing evidence suggests that social capital contributes to a range of positive health, education and social outcomes. Outcomes for adults include improved health (Baum, Palmer, Modra, Murray & Bush, 2000) and well being and lower mortality rates (Lochner, Kawachi, Brennan, & Buka, 2003). Specific benefits for adolescents stemming from high levels of family social capital include lower rates of delinquency (Wright, Cullen & Miller, 2001) and improved general well being and higher rates of school retention (Runyon, Hunter, Socolar, Amaya-Jackson, English, Landsverk, Dubowitz, Browne, Bangdiwala & Mathew, 1998).

While much has been written about social capital, empirical measurement has lagged behind. Winter (2000) draws attention to this paucity of research cautioning that measurement is necessary because theoretical speculation about social capital continues to precede the work needed to verify the various arguments within the debate. That said, Onyx and Bullen's (1997) contribution to this area is both important and noteworthy. Amalgamating various conceptualisations of social capital from Coleman (1988) through to Putnam (1993), Onyx and Bullen developed a survey measure of social capital that was administered in five NSW communities. Their findings suggest that social capital is a multidimensional construct comprising elements related to participation in the local community, neighbourhood

connections, family and friends connections, work connections, proactivity in a social context, feelings of trust and safety, tolerance of diversity, and value of life. Comparison of findings across the five different communities revealed that on the general social capital score, the two rural communities scored more highly than the inner city community and the two outer metropolitan communities. The particular dimensions that contributed to these high scores were participation in the local community, neighbourhood connections, value of life, and feelings of trust and safety.

Related to social capital is sense of community, or the feeling of belonging to a group. A strong sense of community has been linked to increased levels of community involvement (Lui & Besser, 2003), collective efficacy (Long & Perkins, 2003), feelings of parental competence among parents (Martinez, Black & Starr, 2002), psychological empowerment (Peterson & Reid, 2003), and enhanced personal coping, health and well being (Farrell, Aubry & Coulmbe, 2004). The absence of a sense of community has been found to engender feelings of isolation and loneliness (Osterman, 2000; Prezza, Amici, Roberti, & Tedeschi, 2001). One of the few studies to investigate a sense of community among children aged from eight years-of-age found correlations with increased school performance, pro-social development and personal wellbeing (Solomon, Battistich, Watson, Schaps & Lewis, 2000) and place attachment (Pretty, Chipuer & Bramston, 2003).

The Research

In order to reflect the various health, education, social and family support domains that underpin service integration, effective research in this area calls for a cross-sectoral, trans-disciplinary collaboration. To this end, a cross-sectoral research partnership was initiated at Queensland University of Technology with partners from the Department of Education and the Arts, Queensland, Queensland Health, the Commission for Children and

Young People and Child Guardian, Queensland, the Queensland Department of Communities, the Commonwealth Department of Family and Community Services, and the Crèche & Kindergarten Association of Queensland.

Work by the partnership on social capital in communities with Child Care and Family Support Hubs is centred on two studies: the ACCESS pilot study (2001-2002) of user views of service provision in two Queensland Hubs communities (Farrell, Tayler & Tennent, 2003) and the current Queensland Hubs study (2004-2006) into the effectiveness and impact of Hubs in six Queensland communities.

The ACCESS Pilot Study (2001-2002)

This study focused on two of the initial Hubs to be funded in Queensland, one in a rural/remote community in the far north of the state, the other in urban Brisbane. The first phase of data collection involved surveying parents (n=143) who resided in the two Hub localities on service usage, needs and expectations and family background. Social capital was also gauged using the 36 item Likert scale instrument developed by Onyx and Bullen (1997). Social capital among children aged 4-8 years (n=138) attending schools/preschools in the locality was also measured using an adaptation of the Onyx and Bullen measure (1997). Surveys were also distributed to existing or potential providers of services as well as coordinators who are employed to oversee the operations of the hubs. Quantitative data were coded and analysed to identify patterns among the responses. Open-ended responses underwent thematic analysis to generate discursive themes within the data set.

Table 1 here

The pilot rural and urban communities shared several demographic similarities. Across both communities, respondents' mean ages were similar as were the mean number of children per family, levels of maternal employment and higher education. However, substantial differences were apparent for type of government housing, source of income and

family background. As Table 1 indicates, participants in the rural community studied had higher incomes, were less likely to be in a single parent household or receiving a pension or government benefit. The rural participants were less likely than the urban participants to report being of Aboriginal or Torres Straight Islander descent, but slightly more likely to report having a disabled family member. Several explanations are possible. Those who live in this rural community may not have as great a need for government benefits or housing. This rural community is in close proximity to other far north Queensland communities in which Aboriginal and Torres Strati Islander residents are predominant. Because this was pilot work, it is not possible to draw conclusions about urban and rural communities beyond those studied. Indeed, the data confirm the need to describe communities in which studies are conducted as significant diversity is likely to exist across communities within any multi-cultural nation.

Findings from the pilot study indicated that urban participants had better access to a range of social and health services, albeit fragmented (Farrell, Tayler & Tennent, 2003; Tennent, Tayler & Farrell, 2002). Nevertheless, in both communities participants expressed strong support for, and interest in, the proposed activities of their local Hub. Service needs in the rural community focused on health services and child care services, both of which are well known to be problematic in terms of provision to rural Australia. Participants in the urban community prioritised recreation programs for children and youths and educational and counselling services for adults. That counselling may be available as a single-purpose service in the urban locality further indicates community interest in a convenient mix of child and family services clustered into one operation. An early benefit established through the integrated Early Excellence Centre program in the United Kingdom was reducing stigmatisation in use of counselling or support services that were not separated from a range

of other family services (Pascal et.al., 1999). Participants in both communities believed that the hub would help *bring the community together*.

In terms of social capital, several differences were noted between the two communities. As can be seen in Table 2, overall social capital was higher among respondents in the rural community. Contributing to this difference were higher levels of community participation, neighbourhood connections, family and friends connections, value of life, proactivity in a social context, and, in particular, feelings of trust and safety. There were no differences between the two groups of respondents for the dimension Tolerance of diversity.

Table 2 here

Data on children's social capital within the pilot communities indicated that the rural children had marginally lower levels of neighbourhood and family and friend connections and substantially lower levels of club membership (See Table 3). Given that many of these children live some distance from other people and facilities, this finding was not surprising. For the rural children, school offered the primary socialization opportunity outside the immediate family. Analyses also indicated that children in the urban community were marginally more likely to agree that they trusted most people, but nearly twice as likely to agree that they liked being with people who were different from them. This finding may be the result of greater experience by urban children of people from different backgrounds and cultures.

Table 3 here

Six months later focus group discussions were conducted with hub users and service providers in the urban community to determine the early impacts of the hub. Users of this hub reported wide-ranging benefits including new skills, knowledge and friendships resulting from access to training, educational and recreational programs. Service providers, on the other hand, claimed that parents not only benefited from improved access to and awareness of local

services, their participation in hub activities and programs appeared to have had a positive impact on their confidence and morale and their sense of connectedness with the community. Service providers also noted feeling more supported in their role as a result of improved networks with other professionals. Some commented that, as a result of the hub, they had a clearer understanding of each other's roles, the resources available in the local area and what they could offer their clients. It was unfortunate that the delayed construction of the rural hub meant that, at the time, follow up discussions in this community were not possible.

The Queensland Hubs Study (2004-2006)

The Queensland Hubs study is a three-year longitudinal study that will examine, in greater depth, the impact of the provision of integrated child and family services Hubs in six Queensland communities. Of these hubs, five are in rural or regional areas, while one is in an urban area. The study is funded by the Australian Research Council for the period 2004-2006. As reported recently (Tayler, Farrell, Tennent, & Patterson, 2004), the specific aims of the study are to:

- Generate new data on the development, usage and impact of the hubs on individuals and community social capital
- Document the views of young children on their community experiences (rarely considered in planning). This methodological innovation (Farrell, Tayler & Tennent, 2002) reflects international research on the rights of children to express their views on issues that concern them and their daily lives (James, 2000; Mayall, 2000)
- Advance inter-departmental, inter-sectoral research using a coordinated approach to the development of integrated services in rural and regional areas
- Identify strategies and mechanisms that underpin successful integration services for families and children

The study uses a multi-phase, longitudinal, mixed-method design. Surveys, interviews and focus group discussions are employed to monitor the progress of the Hubs and pinpoint specific impacts on the communities they serve. Information from four participant groups is being obtained:

- Parents (existing and potential Hub users), recruited from local services (schools and child care centres), are asked about their needs and expectations in relation to service provision and a range of questions drawn from measures of social capital, sense of community and wellbeing (Davidson & Cotter, 1991; Onyx & Bullen, 1997; Perkins, Florin, Rich, Wandersman & Chavis, 1990; Tayler, Farrell & Tennent, 2002).
- Children (aged 4 to 8 years) participating in the local services are interviewed to gain insight into their social worlds (Mayall, 2000; Perkins et al., 1990; Tayler, Farrell & Tennent, 2002). Children are also asked questions relating to social capital, sense of community and well being (Davidson & Cotter, 1991; Onyx & Bullen, 1997; Perkins, Florin, Rich, Wandersman & Chavis, 1990; Tayler, Farrell & Tennent, 2002).
- Hub personnel are asked to address Hub establishment issues, challenges and successes (Hawe, King, Noort, Jordens & Lloyd, 2000; Tayler, Farrell & Tennent, 2002).
- Service providers such as health workers, early childhood professionals and interest groups who offer, or intend to offer, services through the Hub are surveyed about their programs, aspirations and results (Tayler, Farrell & Tennent, 2002) and capacity building within the communities in which they work (Hawe, King, Noort, Jordens, & Lloyd, 2000).

In addition, any services in the immediate community and surrounding areas that are not connected to the Hub, but provide programs for young children and their families are scanned to assess scope and range of their activities.

Conclusion

While their long-term impact is yet to be established, integrated service hubs clearly have the potential to enhance the well being of families and children, particularly for those living in rural and remote communities where populations are small and service provision can prove challenging. There are potential economies in providing multiple services from one source, especially one generated by the community itself. Data from the ACCESS study revealed considerable community interest in hubs as mechanism for integrating child and family services at the local level. Many participants believed that because the hub was a community-driven venture, it would be better able to address their locality-specific needs.

The ACCESS study also indicated that the hubs have the capacity to build social capital among children and families, especially in communities where access to social relationships and information networks is limited. Across both communities, there was great anticipation that the hub would forge connections between individuals and bring the community together. The effectiveness of hubs in meeting the service needs of families and children requires careful, longitudinal assessment. The Queensland Hubs Study will track this initiative and determine if hubs also contribute to social capital, sense of community and individual well being.

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Table 1

Demographic Characteristics of ACCESS Study Respondents

	Rural Community N = 81	Urban Community N = 62
Mean age	38.5 years	37.1 years
Mean number children	2.1	2.1
Living in government housing	0%	25.8%
Mean years lived in area	10.3	7.6
Single parent household	11.1%	38.7%
Income source wages/salary	79.5%	62.9%
Income source pension/benefit	4.5%	25.8%
Income < $20K pa	11.9%	21.0%
Maternal employment	78.4%	69.4%
Maternal higher education	16.0%	14.5%
ATSI background	2.5%	16.1%
Disability in family	17.0%	12.9%

Table 2

Comparison of Scores on Social Capital and Dimensions of Social Capital in two ACCESS Communities: ACCESS Rural and ACCESS Urban

Communities	ACCESS rural N = 81	ACCESS urban N = 62
Overall social capital score	87.4	75.4
Community participation	14.1	12.1
Neighbourhood connections	13.9	11.9
Family & friends connections	8.1	7.7
Value of life	6.3	5.5
Tolerance of diversity	6.1	6.1
Feelings of trust & safety	16.7	11.0
Proactivity in a social context	15.1	14.5

Table 3

Responses to Social Capital Questions – Rural Children and Urban Children

	Rural *N* = 42	Urban *N*= 96
Are you in any clubs or groups?	17%	36%
Do you visit friends or relatives very often?	67%	77%
Do you get to visit neighbours very often?	50%	60%
Do you trust most people?	62%	68%
Do you feel safe living in this area?	93%	94%
If you saw rubbish in the playground would you pick it up?	93%	93%
If a friend was having difficulty with homework would you help them out?	86%	99%
Do you like being with people who are different from you (like from another country)?	48%	90%